

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:  
**IPEA/ European Patent Office**

**PCT**

**CHAPTER II**

**DEMAND**

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>		
International application No. <b>PCT/ES03/00063</b>		International filing date (day/month/year) <b>3 February 2003</b>
(Earliest) Priority date (day/month/year) <b>4 February 2002</b>		
Title of invention <b>METHOD OF PRODUCTION OF ASTAXANTHIN BY FERMENTATION OF SELECTED STRAINS OF XANTHOPHYLLOMYCES DENDRORHOUIS</b>		
<b>Box No. II APPLICANT(S)</b>		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>ANTIBIOTICOS, S.A.U.            Avda. de Antibioticos, 59/61            24009 León            Spain</b>		Telephone No.  Facsimile No.  Teleprinter No.  Applicant's registration No. with the Office
State (that is, country) of nationality: <b>SPAIN</b>		State (that is, country) of residence: <b>SPAIN</b>
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>DE LA FUENTE MORENO, Juan, Luis            Avda. de Antibioticos, 59/61            24009 León            Spain</b>		
State (that is, country) of nationality: <b>SPAIN</b>		State (that is, country) of residence: <b>SPAIN</b>
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>PEIRO CEZON, Enrique            Avda. de Antibioticos, 59/61            24009 León            Spain</b>		
State (that is, country) of nationality: <b>SPAIN</b>		State (that is, country) of residence: <b>SPAIN</b>
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

## Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

DIEZ GARCIA, Bruno  
 Avda. de Antibióticos, 59/61  
 24009 León  
 Spain

State *(that is, country)* of nationality:  
**SPAIN**

State *(that is, country)* of residence:  
**SPAIN**

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

MARCOS RODRIGUEZ, Ana, Teresa  
 Avda. de Antibióticos, 59/61  
 24009 León  
 Spain

State *(that is, country)* of nationality:  
**SPAIN**

State *(that is, country)* of residence:  
**SPAIN**

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

SCHLEISSNER SANCHEZ, Carmen  
 Avda. de Antibióticos, 59/61  
 24009 León  
 Spain

State *(that is, country)* of nationality:  
**SPAIN**

State *(that is, country)* of residence:  
**SPAIN**

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

RODRIGUEZ SAIZ, Marta  
 Avda. de Antibióticos, 59/61  
 24009 León  
 Spain

State *(that is, country)* of nationality:  
**SPAIN**

State *(that is, country)* of residence:  
**SPAIN**

Further applicants are indicated on another continuation sheet.

**Continuation of Box No. II APPLICANT(S)***If none of the following sub-boxes is used, this sheet should not be included in the demand.**Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

**RODRIGUEZ OTERO, Carmelita**  
**Avda. de Antibióticos, 59/61**  
**24009 León**  
**Spain**

**State (that is, country) of nationality:**  
**SPAIN**

**State (that is, country) of residence:**  
**SPAIN**

*Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

**CABRI, Walter**  
**Avda. de Antibióticos, 59/61**  
**24009 León**  
**Spain**

**State (that is, country) of nationality:**  
**ITALY**

**State (that is, country) of residence:**  
**SPAIN**

*Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

**BARREDO FUENTE, José, Luis**  
**Avda. de Antibióticos, 59/61**  
**24009 León**  
**Spain**

**State (that is, country) of nationality:**  
**SPAIN**

**State (that is, country) of residence:**  
**SPAIN**

*Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

**State (that is, country) of nationality:**

**State (that is, country) of residence:**

Further applicants are indicated on another continuation sheet.

## Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is  agent  common representativeand  has been appointed earlier and represents the applicant(s) also for international preliminary examination. is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked. is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation.  
The address must include postal code and name of country.)*ELZABURU, Alberto de  
Miguel Angel, 21  
28010 Madrid  
SpainTelephone No.  
0034917009400Facsimile No.  
0034913193810

Teleprinter No.

Agent's registration No. with the Office

 Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

## Statement concerning amendments:\*

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed  
 the description  as originally filed  
 as amended under Article 34

the claims  as originally filed  
 as amended under Article 19 (together with any accompanying statement)  
 as amended under Article 34

the drawings  as originally filed  
 as amended under Article 34

2.  The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3.  The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English.....

which is the language in which the international application was filed.  
 which is the language of a translation furnished for the purposes of international search.  
 which is the language of publication of the international application.  
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

## Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

## Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

1. translation of international application	:	49	sheets
2. amendments under Article 34	:		sheets
3. copy (or, where required, translation) of amendments under Article 19	:		sheets
4. copy (or, where required, translation) of statement under Article 19	:		sheets
5. letter	:	1	sheets
6. other (specify)	:		sheets

For International Preliminary Examining Authority use only

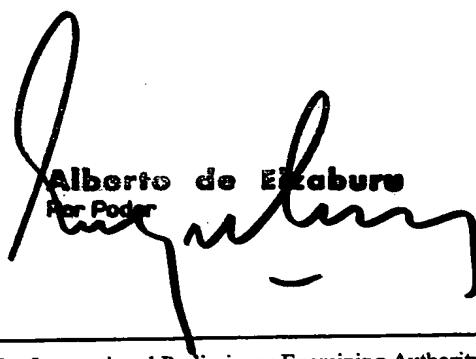
received	not received
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listings in computer readable form
3. <input type="checkbox"/> original general power of attorney	7. <input type="checkbox"/> tables in computer readable form related to sequence listings
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	8. <input checked="" type="checkbox"/> other (specify): Additional representatives

## Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



Alberto de Etxaburu  
Per Poder

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3.  The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

The applicant has been informed accordingly.

4.  The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5.  Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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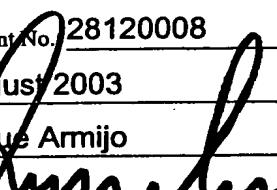
Demand received from IPEA on:

See Notes to the demand form

## PCT

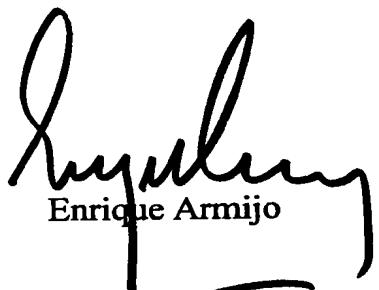
## FEE CALCULATION SHEET

## Annex to the Demand

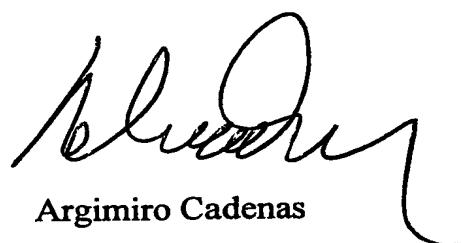
International application No.	PCT/ES03/00063	For International Preliminary Examining Authority use only
Applicant's or agent's file reference	PCT-127	Date stamp of the IPEA
Applicant ANTIBIOTICOS, S.A.U.		
<b>CALCULATION OF PRESCRIBED FEES</b>		
1. Preliminary examination fee .....	EUR 1533	P
2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....	EUR 148	H
3. Total of prescribed fees <i>Add the amounts entered at P and H and enter total in the TOTAL box</i> .....	EUR 1681	TOTAL
<b>MODE OF PAYMENT</b>		
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other ( <i>specify</i> ): _____	
<b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> <i>(This mode of payment may not be available at all IPEAs)</i>		
IPEA/ <u>EPO</u>		
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.	Deposit Account No. <u>28120008</u>	
<input checked="" type="checkbox"/> ( <i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i> ) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Date: <u>6 August 2003</u>	
	Name: <u>Enrique Armijo</u>	
	Signature: 	

ADDITIONAL SHEET PERTAINING TO INTERNATIONAL  
PATENT APPLICATION N° PCT/ES03/00063 OF 3 FEBRUARY  
2003 IN THE NAME OF ANTIBIOTICOS, S.A.U.

ADDITIONAL REPRESENTATIVES



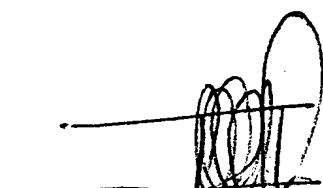
Enrique Armijo



Argimiro Cadenas



José Mª Alvarez



Manuel Illescas

ALL WITH PROFESSIONAL PRACTICE AT MIGUEL  
ANGEL N1 21, MADRID, SPAIN